

Division of Health Care Facilities

45th 3/11/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1804	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 878 W MAIN S B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2012
NAME OF PROVIDER OR SUPPLIER WHARTON NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 55 WEST LAKE ROAD PLEASANT HILL, TN 38578		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 853	<p>1200-8-6-.08(23) Building Standards</p> <p>(23) A negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain positive air pressure.</p> <p>The findings include:</p> <p>Observation of the clean laundry room on 1/25/12 at 11:28 AM, revealed the clean laundry room did not have positive air pressure.</p> <p>This finding was acknowledged by the administrator and director of maintenance during the exit conference on 1/25/12.</p>	N 853	<p>An HVAC company has checked out the pressures for the clean and dirty sides of the laundry room. They state they cannot fix it at this time. The facility will work with the engineers of this new building to try and fix the problem.</p> <p>In the mean time doors will placed between the clean and dirty sides to ensure the correct air pressure. Doors will have to be built to fit the doorway between the two areas.</p> <p>The maintenance man will check the air pressure each month to ensure that the pressure stays regulated and documented accordingly.</p>	<p>2-10-12</p> <p>2-29-12</p> <p>2-29-12</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Robin Gray

TITLE

Administrator

(X6) DATE

2-10-12

STATE FORM

6899

Y2SZ21

If continuation sheet 1 of 1

FEB 13 2012